

PART B - FEE(S) TRANSMITTAL

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23280 7590 05/25/2007
DAVIDSON, DAVIDSON & KAPPEL, LLC
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| | |
|--------------------------|--------------------|
| Danielle Sullivan | (Depositor's name) |
| <i>Danielle Sullivan</i> | (Signature) |
| August 23, 2007 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/631,888 | 07/31/2003 | Mark Anthony Wingate | 600.1286 | 9814 |

TITLE OF INVENTION: DEVICE FOR CONTROLLING PRINTED PRODUCTS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|--------------------|--------------|----------------|---------------------------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 08/27/2007 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | 07/20/2007 HSEBRENE 03332017 10631888 | | | |
| BOLLINGER, DAVID H | 3653 | 271-198000 | 01 FC-1504 | 02 FC-1504 | 1400-00 OP | 08/27/07 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
 1 **DAVIDSON, DAVIDSON & KAPPEL, LLC**
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 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
GOSS INTERNATIONAL AMERICAS, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Dover, New Hampshire

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies **5 Copies**

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5. Change In Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date **August 23, 2007**

Typed or printed name **Cary S. Kappel**

Registration No. **36,561**

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